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| **Women’s Home and Overseas Missionary Society****African Methodist Episcopal Zion Church****Life Members Council Scholarship** |
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| **SCHOLARSHIP CRITERIA & APPLICATION** |
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| **APPLICATION** |
| ***(If you are a student graduating from High School, please complete Part I and II)*** |
|  |
| **Date:** |
|  |
| **PART I** |
|  |
| **Name:** |
| **Last** | **First** | **Middle** |
|  |
| **Address:**  |
| **City:** | **State:** | **Zip Code:** |
|  |
| **Home Phone:** | **Cell Phone:** |
| **Email:** |
|  |
| **Bishop:** |
| **Episcopal District:**  |
| **Conference:** |
| **District:** |
|  |
| **Name of the A.M.E. Zion School to which you are applying/attending:** |
|  |
| **Address:** |
| **City:** | **State:** | **Zip Code:** |
|  |
| **Grade Point Average:** | **School:** |
|  |  |

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| **PART II** |
| ***Parent/Guardian consent if under 21.*** |
|  |
| **Parent/Guardian Name *(Printed)*:** |
| **Parent/Guardian Name *(Signature)*:** |
|  |
| **Address *(if different from student)*:** |
| **City:** | **State:** | **Zip Code:** |
|  |
| **Parent(s) Contact Information** |
| **Father:** | **Phone:** |
| **Mother:** | **Phone:** |
|  |
| **\*Guardian, Foster Parent, Relative Contact Information** |
| **Name:** | **Phone:** |
| **Relationship:** |
|  |
| **High School Completed:**  | **Year:** |
| **School Address:** |
| **City:** | **State:** | **Zip Code:** |
|  |
| **Principals Name:** |
| **Counselors Name:** |

**Application: All applicants must submit the following by June 30th.**

1. Completed application
2. Copy of acceptance letter
3. Copy of most recent transcript – Grade Point Average of 2.65 or above
4. Letter of recommendation from the pastor of your local church (if high school student a letter or recommendation from your counselor)
5. A typed essay to include the following:
	1. Reason(s) for applying
	2. Church, School and community activities
	3. Your philosophy of life
	4. Personal qualifications
	5. Career goals
6. A recent photo (optional)

Mail Application to: Mrs. Vanessa Clayton, Chairman, Life Members Council

10 Wendy Road, Trumbull, CT 06611

claytonvanessa1@gmail.com

Fax (203) 502-8273